

Colorado Department of Public Health and Environment
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Colorado Department of Health Care Policy and Financing
Joint Home Health Stakeholder Advisory Committee
September 7th 2011
1:00pm-3:00pm

Topic	Information	Presenter	Follow-up
Meeting Call to Order	Meeting was called to order shortly after 1pm with some extra time allotted for attendees to arrive due to rain.		
CDPHE Update	<p>Elaine updated the attendees on a new way of conducting licensing surveys, which would better coincide with the amount of licensing fee increases being recommended by the Home Care Committee. The new proposed fee structure is a flat fee (rather than varied – based on workman comp.) with a designated amount for Class A and a designated amount for Class B. Once the final draft proposal is processed, it will be presented to the Board of Health in November, with an anticipated effective date of 3/2012. More information concerning the fee proposal will be distributed to licensed home care agencies via the web portal prior to presentation to the Board of Health.</p> <p>The new license survey process, which was recently presented as an option to the Home Care Committee, was well received by the committee. The proposed survey process would continue to include pre-survey</p>	Elaine	Further updates will be made available to the group as the committee makes further progress.

	<p>preparation (review of agency compliance history, occurrences, complaints, etc.), followed by an onsite survey which would focus on consumer home visits, personnel record review and, evaluation of the issuance of the required consumer rights and disclosure notice forms. The remainder of the onsite portion of the survey would focus primarily on the execution and maintenance of the agency's quality management plan. If an agency maintains a comprehensive and responsive quality management plan, one that considers and acts on data from several sources (such as consumer complaints, incidents, consumer record reviews , satisfaction surveys, supervision, personnel, etc.), then they enable themselves to self-correct potential and/or actual consumer care concerns. In short, the process encourages 'self-regulation' by the agency, with a review of the details of this 'self-regulation' by the State. At the conclusion of the survey, a deficiency list, if applicable, would be given to the agency administration. In turn, the agency administration would attest to correcting any deficient practice within 30 days, and an onsite or offsite revisit would then be conducted.</p> <p>Information on the Quality plan can be found in General Licensing Standards, Chapter 2, section 3.1 of the CDPHE regulations.</p> <p>The group expressed some concern about duplication of licensure and certification. Elaine</p>		
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	<p>informed the group that this would not be a problem with the new proposed review process because the agency's quality management plan and the components that feed the plan's system are only reviewed for federally certified agencies when they are significantly out of compliance with the Conditions of Participation.</p> <p>The group also expressed concern about different survey inspectors having different standards and interpretation of the regulations. Elaine stated, as with previous training conducted for survey inspectors, the new survey process training would occur in groups, to ensure consistency in the training and interpretation. Elaine also reminded the group that with each survey, the inspectors report their survey findings prior to conclusion of the survey and following the exit. Elaine is involved in the current review process and that would not change with a new process.</p>		
HCPF Update	<p>Guinevere updated the group on the home health telehealth service. The rule was approved in August which would allow for an October 1st 2011 start date for services. However, the service also requires CMS approval. At this time it is possible that this approval may not be received by October 1st. If this is the case, HCPF will alert the providers and as soon as CMS approval is attained the providers will be notified. All telehealth</p>	Guinevere	<p>Providers will be notified when CMS approval has been received.</p> <p>Guinevere will send the telehealth PAR form out prior to October 1st 2011.</p> <p>Providers will receive notice when the Home Health Benefit Policy has been posted for the 45 public</p>

	<p>services will require a PAR and agencies may submit the PAR prior to the start date, however they may not bill services until HCPF received CMS approval.</p> <p>Rates for telehealth services were released at the meeting. The Telehealth set up will be allowed once per client and pending CMS approval will be reimbursed at \$50 and the telehealth service will be billed day at a rate of \$9.45.</p> <p>The PAR sheet will be sent to providers prior to October 1st and will be placed on HCPF website by October 1st.</p> <p>Information was given to the attendees regarding a new interpretation of HIPAA practices at ACS. They feel that it is a violation to give information regarding a client's PAR to a provider that the PAR is not issued to. Home Health providers may call Maximus to obtain PAR information. If the provider has the PAR number, they may also find the information on their provider portal. ACS is starting to reject claims that do not have the visit frequency provided on the service line. They have been finding many math errors, and require the visit frequency to ensure that the number of visits requested actually total the visits required by the visit frequency.</p> <p>The group was updated on the current standing of the Home Health Benefit Collaborative</p>		comment period
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	<p>Policy. This policy has been reviewed a total of 3 times, although after the first reading the document was changed drastically and has had 2 reviews with the Home Health community in current form. This policy will be presented to the Children's Advisory Council and the Colorado State Medical Assistance and Services Advisory Council for review and approval after which it will be posted on-line for a 45 day public comment period. If any rule changes are required they will be completed during this time, but as this policy has been written to fill the "gray areas" few rules changes are anticipated. The plan is that the policy will enforced as rule.</p>		
OASIS Update	Kerry Salter is the current contact person for OASIS questions.	Elaine	
0Questions	<p>An attendee requested information the 5010 process that CMS has planned to go-live January 1, 2011. Guinevere will speak with the claims and systems sections to see if there are any updates on the 5010 implementation.</p> <p>An attendee asked when the private duty nursing benefit policy will start stakeholder review. Currently, the policy is under review and a stakeholder meeting will be scheduled as soon as the initial policy review is completed.</p> <p>An attendee requested information on the Consumer directed attendant service and changes associated with this program. Guinevere informed the group that long term</p>	All Attendees	Guinevere will find out the status and plan for the 5010 implementation and report to the group.

	care benefit division is currently looking at the CDASS program and will provide updates as they are available. The other waiver services are also being reviewed and there will be some consolidation of these waivers, but once again, the department will update the stakeholders when information is available.		
Conclusion	The meeting closed when no further questions presented.		

Next Meeting Scheduled November 2, 2011 at Colorado Department of Public Health and Environment from 1pm to 3pm.